

HOMES[®] Assessment

Client: _____ Date of Assessment: _____
Address: _____
Assessor: _____ Organization: _____

Household Composition

and age of adults _____
and age of children _____
and type of pets _____
In home smoking Yes No
Person(s) with physical disability Yes No
Language(s) spoken in home _____

Risk Measurements

- Imminent harm to self, family, animals, public
- Threat of eviction
- "Do Not Occupy" order has been issued

Client Strengths and Capacity

- Accurately aware of clutter
- Acknowledges risks to health/safety/housing stability and impact on daily life
- Physically able to clear clutter
- Psychologically able to tolerate intervention
- Willing to accept intervention assistance

Support Network

Verbal Consent to contact informal support Yes No

Informal Supports/Helpers - Describe informal supports and what they do for the client: _____

Formal Supports/Services - Describe what other agencies are involved and what they do for the client:

Additional Notes

How to Use this Assessment

This assessment explores key characteristics of a hoarding situation to quantify impacts on the client and gauge the level of risk. This view informs action plans and guides intervention, assessment and referrals.

The HOMES assessment requires a visual scan of the environment. A conversation with the person(s) in the home is also recommended.

The first half of this assessment explores household composition, risk, client strengths and capacity, and both informal and formal support networks.

The second half of this assessment (HOMES) explores the effect of clutter/hoarding on Health, Obstacles, Mental Health, Endangerment and Structure within the hoarding situation.

H Health

- | | | |
|--|--|--|
| <input type="checkbox"/> Can't access or use toilet | <input type="checkbox"/> Can't use stove/fridge/sink | <input type="checkbox"/> Spoiled food |
| <input type="checkbox"/> Can't prepare food | <input type="checkbox"/> Pests in home | <input type="checkbox"/> Garbage overflow |
| <input type="checkbox"/> Urine/feces (human or animal) | <input type="checkbox"/> Can't sleep in bed | <input type="checkbox"/> Can't locate medications or equipment |
| <input type="checkbox"/> Mold/chronic dampness | <input type="checkbox"/> Can't use shower | |

Notes: _____

Add #
of Checks

O Obstacles

- | | |
|--|--|
| <input type="checkbox"/> Safe movement inhibited | <input type="checkbox"/> Unstable piles/avalanche risk |
| <input type="checkbox"/> Blocked egress/vents | <input type="checkbox"/> EMT unable to enter/gain access |

Notes: _____

Add #
of Checks

M Mental Health (Risk factors)

- | | | |
|---|--|---|
| <input type="checkbox"/> Lacks insight re: problem severity | <input type="checkbox"/> Confused | <input type="checkbox"/> Anxious/fearful |
| <input type="checkbox"/> Lacks insight regarding consequences | <input type="checkbox"/> Defensive/angry | <input type="checkbox"/> Low mood/sadness |
- should we change re: to regarding like below*

Notes: _____

Add #
of Checks

E Endangerment (Health and safety)

- | | | | |
|--------------------------------------|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Child/minor | <input type="checkbox"/> Disabled person | <input type="checkbox"/> Older adult | <input type="checkbox"/> Animals |
|--------------------------------------|--|--------------------------------------|----------------------------------|

Notes: _____

Add #
of Checks

S Structure & Safety

- | | |
|--|--|
| <input type="checkbox"/> Unstable floorboards/stairs/porch | <input type="checkbox"/> Leaking roof |
| <input type="checkbox"/> Electrical wires/cords exposed | <input type="checkbox"/> Caving walls |
| <input type="checkbox"/> No running water/plumbing problems | <input type="checkbox"/> No heat/electricity |
| <input type="checkbox"/> Flammable items near heat source | <input type="checkbox"/> No working smoke alarms |
| <input type="checkbox"/> Blocked/unsafe electric heater or vents | <input type="checkbox"/> No CO2 detectors |
| <input type="checkbox"/> Storage of hazardous materials/weapons | |

Notes: _____

Add #
of Checks

Post-Assessment Plan

Higher scores indicate heightened risk and safety concerns

(H+O+S)
Premises
severity

/26

(M+E)
Protection
severity

/10